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ABSTRACT

The guidelines in this resource book allow school divisions in Virginia to create policies that involve the entire community in alcohol and drug use prevention. The guidelines also attempt to discourage students and staff from using alcohol and other drugs while helping those already involved with such substances. Topics in this document include: (1) key elements in a comprehensive policy; (2) how to develop a comprehensive policy concerning alcohol and other drugs; and (3) suggestions on implementing a new policy concerning alcohol and other drugs. A list of national, state, and local resources related to drug and alcohol prevention is provided. Appendices include a glossary of drug prevention terms, a list of legal references, and an annotated bibliography of suggested readings. (SR)

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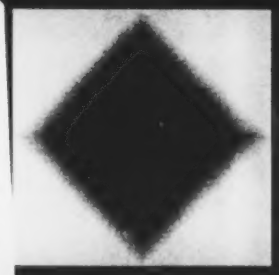

A Framework for Prevention

A Guide to Developing A Model Comprehensive School Policy Concerning Alcohol and Other Drugs

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April, 1993

To Virginia Schools, School Boards, and Communities:

On behalf of the Virginia Department of Education, I present to you this document, **A Framework for Prevention,** as a tool to be used by local school divisions to help prevent the use of alcohol and other illicit drugs. According to the U. S. Department of Education, a strong school policy against substance abuse clearly articulated, consistently enforced, and broadly communicated is the foundation upon which any program should be built.

It is our goal in this document to provide a model comprehensive school policy concerning alcohol and other drugs that local divisions may use as a guide to ensure that a clear, consistent "no-use" message is stated and enforced. These guidelines enable the school division to assume a leadership role in preventing alcohol and other drug use. The fight against alcohol and other drug use among our youth can be won through coordinated, collaborative efforts among parents, students, staff, and the community as a whole.

The Virginia Department of Education will continue to provide services and technical expertise that support local divisions in promoting healthy lifestyle choices for Virginia's youth.

Sincerely yours,

Joseph A. Spagnolo, Jr.
Superintendent of Public Instruction

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Foreword

The Virginia Department of Education believes that Virginia schools and communities can prevent the illicit use of alcohol and other drugs by developing a strong comprehensive school policy concerning alcohol and other drugs. As part of its continuing mission to provide technical assistance to local school divisions, the Department has developed this guide, **A Framework for Prevention,** as a tool to assist local school divisions in developing their own comprehensive school policies concerning alcohol and other drugs.

The guidelines in the following chapters will allow school divisions to create policies that involve the entire community in alcohol and other drug use prevention and that will discourage students and staff from using alcohol and other drugs while helping those already involved with such substances. These guidelines are meant to be a framework or an outline of the essential components for healthy, drug-free schools in Virginia. The Virginia Department of Education encourages each community and school division to build upon this framework.

The vision presented of what an alcohol and other drug use policy might include is intentionally idealistic. Achieving such an ideal will be a challenge for school divisions, but holding the ideal up for public consideration and discussion is a worthwhile process. A further outcome of this process can be a change toward healthy lifestyles as the community norm.

The Virginia Department of Education recognizes that full implementation of the policy recommendations in this guide may require changing a number of existing school and community perceptions about alcohol and tobacco, for example, or even perceptions about the community's role in school policy. These changes, however, will prove to be a worthwhile investment in light of the benefits the entire community will gain from reduced alcohol and other drug use. These recommendations may also require the reallocation of school resources. Divisions are encouraged to view the comprehensive policy as a commitment to a philosophy and process whose implementation will occur incrementally over a number of years.

The Virginia Department of Education wishes to thank the State of New York Department of Education for granting permission to adapt and revise its drug policy guide for use in Virginia schools. The Department also wishes to thank the review committee of leaders in the educational, legal, and alcohol and other drug use prevention fields for their critical commentaries that were invaluable towards developing and providing this guide.

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Chapter 1

How to Use This Guide

In 1988 the federal government modified the regulations under which the states and, hence, local school divisions receive allocations under the Drug-Free Schools and Communities Act of 1986 (DFSCA), Title V, Elementary and Secondary Act. To continue to receive DFSCA funds, public school divisions are required to have a comprehensive School Board policy addressing alcohol and other drug use. Although nonpublic schools are not required to develop such a policy, they are strongly encouraged to do so.

To assist school divisions in the task of developing an alcohol and other drug use policy, the Virginia Department of Education has published this guide, *A Framework for Prevention: A Guide to Developing A Model Comprehensive School Policy Concerning Alcohol and Other Drugs.*

The guide is organized as follows:

- Chapter 2 contains a model policy statement concerning alcohol and other drugs.
- Chapter 3 presents an explanation and further examination of key elements in the model policy.
- Chapter 4 discusses how the process of policy development, when properly handled, can make community members aware of alcohol and other drug use problems and engage their participation in the prevention process.
- Chapter 5 covers some important steps to be taken after the policy is in place and ready to be implemented.
- Chapter 6 contains a list of agencies and programs available throughout the state and nation to help local divisions with alcohol and drug policy formulation and implementation.
- Appendix A is a glossary of terms relating to alcohol and other drug use.
- Appendix B is a bibliography of materials on alcohol and other drug use with comments on the usefulness of the materials.
- Appendix C contains information on state and federal regulations related to schools and alcohol and other drug use.

Anyone needing more copies of this guide or a clarification of information in it should contact the Virginia Department of Education, Youth Risk Prevention Project, P. O. Box 2120, Richmond, Virginia 23216-2120.

Chapter 2

A Model Comprehensive Policy Concerning Alcohol and Other Drugs

The following is designed as a model comprehensive alcohol and other drug use policy for Virginia's public school divisions[1] and nonpublic schools. Although intended as a model for all school divisions, the policy may require adaptation to fit the individual characteristics of localities.

The policy statement is given below without explanation. See Chapter 3 for a discussion of and further information on each of the key elements in the policy.

The School Board of the _____ School Division is committed to the prevention of alcohol, tobacco, and other drug use. This policy describes the philosophy of the division and the program elements the division will use to promote healthy lifestyles for its students and staff and to inhibit the use of alcohol, tobacco, and other drugs.

No person may use, possess, sell, or distribute alcohol or other drugs nor may use or possess drug paraphernalia on school grounds or at school-sponsored events **at any time** except drugs as prescribed by a physician. The terms "alcohol and other drugs" shall be construed throughout this policy to refer to the use of all substances including but not limited to alcohol, tobacco, inhalants, marijuana, cocaine, LSD, PCP, amphetamines, heroin, steroids, look-alikes, and any of those substances commonly referred to as "designer drugs." The inappropriate use of prescription and over-the-counter drugs shall also be prohibited.[2]

Additionally, the following persons shall be prohibited from entering school grounds or school-sponsored events **at any time, including adults who may use the building after school hours:** any person exhibiting behavior, conduct, or personal or physical characteristics indicative of having used or consumed alcohol or other drugs.

---

[1] The term "school division" throughout this guide refers to both public and nonpublic schools.

[2] See Appendix A for a definition of several of the terms in this paragraph.

Philosophy

The division will use the following principles as guides for the development of its alcohol and other drug use prevention efforts and for any disciplinary measures related to alcohol and other drugs:

- Alcohol, tobacco, and other drug use is preventable and treatable.
- Alcohol and other drug use inhibits the division from carrying out its central mission of educating students.
- The behavior of the School Board, the administration, and all school staff should model the appropriate drug-free behavior expected of students.
- While the division can and must assume a leadership role in alcohol, tobacco, and other drug use prevention, this goal will be accomplished only through coordinated, collaborative efforts with parents, students, staff, and the community as a whole.

Primary Prevention

The intent of primary prevention programming is to prevent or delay the onset of alcohol, tobacco, and other drug use by students or staff. The components of this programming shall include:

1. A sequential kindergarten through grade 12 prevention curriculum that provides for:

- Accurate and age-appropriate information about alcohol, tobacco, and other drugs, including the physical, psychological, and social consequences of their use.
- Information about the relationship of alcohol and other drug use to other health-compromising issues, such as HIV/AIDS, teenage pregnancy, eating disorders, child abuse, suicide, and dropping out of school.
- A clear "no-use" message concerning alcohol and other drugs.
- Helping students develop appropriate life skills to resist the use of alcohol and other drugs and to promote healthy lifestyles.
- Helping students identify personal risk factors for alcohol and other drug use and the steps needed for risk reduction.
- Helping students develop positive self-concepts.
- Helping students identify stressors and develop skills for managing or reducing stress through nonchemical means.

2. The training of school staff, parents, and guardians to use the information and skills necessary to reinforce the components of this policy in the home, school, and community.

3. Community education about the issues of alcohol, tobacco, and other drug use as a basis for providing a consistent message to division youth.

4. Positive alternatives to alcohol and other drug use, such as peer leadership programs, service projects, and recreational and extracurricular activities. Such activities will be planned collaboratively by students, school staff, parents, community members, and local agencies.

5. Inservice education for faculty and staff about the issues of alcohol, tobacco, and other drug use as related to their personal and professional leadership.

Intervention

The intent of intervention programming is to eliminate any existing use of alcohol and other drugs and to identify and provide supportive services to kindergarten through 12th-grade students at high risk for such use. The components of such programming shall include:

1. Providing alcohol and other drug use assessment and counseling services for students.

2. Developing a referral process between division schools and community providers.

3. Identifying and referring students to appropriate agencies for screening when their use of alcohol and/or other drugs may require professional counseling and/or treatment.

4. Providing services to students in or returning from treatment to assure that the school environment supports the process of recovery initiated in the treatment program.

5. Providing individual, group, and family counseling targeted at students at high risk for alcohol and/or other drug use.

6. Educating parents on when and how to access the division's intervention services.

7. **Ensuring confidentiality** [See Appendix C: Legal References.]

Disciplinary Measures

Disciplinary measures for students found to have used or to be using, in possession of, selling, or distributing alcohol and/or other drugs and for students possessing drug paraphernalia are outlined in the division's policy on Student Rights and Responsibilities.

Students who are disciplined for any of these infractions will be required to seek the intervention services established by this policy or, in the case of division staff, will be referred to the Employee Assistance Program (EAP).

Disciplinary measures for students with disabilities must follow the special procedures outlined in state and federal regulations.

Employee Assistance Program (EAP)

The School Board recognizes that the problems of alcohol and other drug use are not limited to the student population but affect every segment of society. As such, the School Board will establish an Employee Assistance Program that will provide appropriate and confidential prevention, intervention, assessment, referral, support, and follow-up services for division staff who seek assistance with alcohol and other drug use-related problems, emotional problems, mental illness, and other human problems. Division staff will be informed about the services they can receive through the Employee Assistance Program and encouraged to seek such help voluntarily.

The division recognizes that it has no right to intervene in employees' lives unless employees' personal problems adversely affect their job performance. When unsatisfactory performance does occur, the division's supervisory personnel will encourage employees to manage and move toward a resolution of their problems on their own or with the help of the Employee Assistance Program.

Staff Development

The School Board recognizes that if the administrative, instructional, and noninstructional staff are to be responsible for understanding, implementing, and modeling this policy, they must be trained about the components of an effective alcohol and other drug use prevention program. Staff training will be an ongoing process including the following:

1. For all staff: (a) an understanding of why individuals use alcohol and other drugs; (b) the staff's role in implementing this policy, including how to identify students who exhibit high-risk behaviors or who are using alcohol and other drugs and how to refer these students to the appropriate services established by this policy; (c) awareness of personal risk factors for alcohol and other drug use so that staff members may identify personal use-related problems and seek assistance; and (d) awareness of the special needs of students returning from treatment for alcohol and other drug use.

2. Additionally for teachers: the knowledge and skills necessary to implement the division's K-12 alcohol and other drug use prevention curriculum.

3. For intervention staff: appropriate staff training for those identified to carry out the intervention function to assure that their assessment, individual, group, and family counseling and referral skills support the needs of high-risk, drug-using youth.

4. For prevention staff: appropriate staff training to assure that they have the necessary knowledge and skills to support the application of prevention concepts through programming targeted at the school, home, and community.

Implementation, Dissemination, and Monitoring

The School Board charges the Superintendent to collaborate with division staff, parents, students, community members, organizations, and agencies, including alcohol and other drug use prevention service providers, in developing the specific programs and strategies necessary to implement this policy.

Upon adoption, copies of this policy will be distributed to and reviewed with all division staff, students, and parents annually and will be disseminated to the community through its organizations.

The Superintendent is responsible for providing the School Board with an annual review of this policy, the programs and strategies implementing it, and recommendations for revisions in the policy.

Chapter 3

Key Elements in a Comprehensive Policy Concerning Alcohol and Other Drugs

The following is an explanation of and rationale for the provisions of the model policy in the previous chapter. The emphasis here is on answering ***why*** the model policy contains the elements it does. Information on ***how*** to implement such a policy is covered in Chapter 5. The relevant section of the model policy is repeated in the box directly before the corresponding rationale section.

While the explanation and rationale on the following pages are presented as discrete elements for the sake of clarity, it is important that they be viewed as interrelated components representing a comprehensive approach. For example, when a prevention curriculum is implemented, students who are at high risk for alcohol and other drug use will be identified and will, therefore, need the support of the division's intervention services. Similarly, a staff member using the division's Employee Assistance Program because of alcohol use in the family could be encouraged to seek assistance for his or her children through the intervention services of the division in which they are students. If the development of the policy and the resulting services are planned as integrated elements, divisions have a greater potential for positively affecting the alcohol and other drug use of their students and staff.

Policy Introduction

The School Board of the _____ School Division is committed to the prevention of alcohol, tobacco, and other drug use. This policy describes the philosophy of the division and the program elements the division will use to promote healthy lifestyles for its students and staff and to inhibit the use of alcohol, tobacco, and other drugs.

No person may use, possess, sell, or distribute alcohol or other drugs nor may use or possess drug paraphernalia on school grounds or at school-sponsored events **at any time** except drugs as prescribed by a physician. The terms "alcohol and other drugs" shall be construed throughout this policy to refer to the use of all substances including but not limited to alcohol, tobacco, inhalants, marijuana, cocaine, LSD, PCP, amphetamines, heroin, steroids, look-alikes, and any of those substances commonly referred to as "designer drugs." The inappropriate use of prescription and over-the-counter drugs shall also be prohibited.

Additionally, the following persons shall be prohibited from entering school grounds or school sponsored events **at any time, including adults who may use the building after school hours:** any person exhibiting behavior, conduct, or personal or physical characteristics indicative of having used or consumed alcohol or other drugs.

The introduction to the model policy sets the stage for the entire policy, making it clear that no alcohol, tobacco, or other drug use will be tolerated on school grounds or at school-sponsored events by anyone at any time. Although the law (*Code of Virginia*, Section 4-78.1) specifically prohibits use of alcohol by any person on school grounds only during school hours, it is highly recommended that School Boards adopt a policy to prohibit alcohol and other drug use and possession on school grounds **by anyone at any time, including groups or organizations using the school building after school hours.** Such a policy is necessary in order to send a clear, consistent, "no-use" message to students.

Many school divisions may be surprised to see tobacco grouped with other substances more commonly thought of as "drugs." In actuality, tobacco is the single most commonly used addictive drug in the United States. Moreover, research has consistently shown that drug abusers initiate use of tobacco or alcohol at an early age. A school division that is serious about undertaking a comprehensive approach to alcohol and other drug use will see the necessity of prohibiting the use of tobacco products by both staff and students. Students who are being taught the dangers of tobacco from kindergarten on see the obvious contradiction when their role models are using an addictive drug. A division may currently be bound by past practices to allow staff smoking, but the time and places for this smoking should be limited as much as possible while the division continues to work toward the ideal tobacco-free environment.

The inappropriate use of prescription and over-the-counter drugs refers to circumstances where students have been known to take someone else's prescriptions or to take excessive amounts of over-the-counter drugs to get high or achieve some other effect, as with diet pills or laxatives, for example. Many schools already have a policy that all such drugs must be held by and administered by the school nurse or some other designated person. It will not always be easy to define what constitutes "inappropriate use" of over-the-counter drugs, but this wording in the policy will at least give the division an additional vehicle to respond to such excesses.

Persons whose behavior, conduct, or personal or physical characteristics are indicative of the use or consumption of alcohol or other drugs must be barred from school grounds or school-sponsored events to allow for the maintenance of public order. Further, this policy communicates what is acceptable behavior for both youth and adults. The terms "while intoxicated" and "while ability impaired" are intentionally not used in the model policy. These are legal terms with specific, limited legal meanings.

Philosophy

The division will use the following principles as guides for the development of its alcohol and other drug use prevention efforts and for any disciplinary measures related to alcohol and other drugs.

- Alcohol, tobacco, and other drug use is preventable and treatable.
- Alcohol and other drug use inhibits the division from carrying out its central mission of educating students.
- The behavior of the School Board, the administration, and all school staff should model the appropriate drug-free behavior expected of students.
- While the division can and must assume a leadership role in alcohol, tobacco, and other drug use prevention, this goal will be accomplished only through coordinated, collaborative efforts with parents, students, staff, and the community as a whole.

The philosophy section of the model policy states the premises underlying the entire policy. Clear goal statements are necessary in order to prevent alcohol and other drug use. Clear goal statements give students, parents, staff, and community members a shared vision of what the division is trying to accomplish.

With proper assistance, students who once used alcohol and other drugs can reach healthy and productive adulthood. However, this is not likely to happen without the active support of the students, parents, school, and community. Schools must become involved in alcohol and other drug use prevention because such use by students or staff hinders the division from achieving its central mission of education.

Role modeling is a powerful influence. As people face new situations, problems, or roles, they reach into their personal histories to find a model who can help them. Parents, school staff, coaches, characters from television and literature—any significant figure in the child's life—might become his or her role model. Therefore, all division staff must model the appropriate drug-free behaviors expected of students.

Prevention Curriculum

The intent of primary prevention programming is to prevent or delay the onset of alcohol, tobacco, and other drug use by students or staff. The components of this programming shall include:

1. A sequential kindergarten through grade 12 prevention curriculum that provides for:

- Accurate and age-appropriate information about alcohol, tobacco, and other drugs, including the physical, psychological, and social consequences of their use.
- Information about the relationship of alcohol and other drug use to other health-compromising issues, such as HIV/AIDS, teenage pregnancy, eating disorders, child abuse, suicide, and dropping out of school.
- A clear "no use" message concerning alcohol and other drugs.
- Helping students develop appropriate life skills to resist the use of alcohol and other drugs and to promote healthy lifestyles.
- Helping students identify personal risk factors for alcohol and other drug use and the steps needed for risk reduction.
- Helping students develop positive self concepts.
- Helping students identify stressors and develop skills for managing or reducing stress through non-chemical means.

2. The training of school staff, parents, and guardians to use the information and skills necessary to reinforce the components of this policy in the home, school, and community.

3. Community education about the issues of alcohol, tobacco, and other drug use as a basis for providing a consistent message to division youth.

4. Positive alternatives to alcohol and other drug use, such as peer leadership programs, service projects, and recreational and extracurricular activities. Such activities will be planned collaboratively by students, school staff, parents, community members, and local agencies.

5. Inservice education for faculty and staff about the issues of alcohol, tobacco, and other drug use as related to their personal and professional leadership.

Research on alcohol and other drug use has clearly shown that an effective prevention program must include a number of components. It is important that students receive **culturally sensitive, accurate, and age-appropriate information** about alcohol, tobacco, and other drugs and their physiological, psychological, and social effects and consequences. Contrary to popular belief, however, students will still use alcohol and other drugs even when they know the consequences. Such factual information about alcohol and other drugs is vital to prevention, but research has proven that it alone does not constitute an effective prevention curriculum. Accurate information integrated with positive social skills development provides a more effective curriculum.

To help students make healthy life choices and develop positive attitudes, school staff must understand why individuals turn to alcohol and other drugs and must provide students with life skills training through affective education. While research has identified a number of skills that are crucial to alcohol and other drug use prevention, many studies continue in this field. A state-of-the-art school prevention program will need to keep current through contact with journals, inservice education, professional organizations, and alcohol and other drug use prevention agencies.

Basic **communication skills** are important so that students will be able to express their thoughts and feelings in clear, direct language. However, some students with special needs may have difficulty communicating in a traditional manner. These students will need opportunities to express their thoughts and feelings in an alternative manner.

Instruction in **decision-making and problem-solving skills** allows students to understand the steps needed to complete a choice, to see the consequences of a choice, and to look for alternative solutions to a problem. This instruction should also enable students to identify personal risk factors for alcohol and other drug use.

Assertiveness training offers students a clear understanding of their individual rights as well as the rights of others. Such training helps to clarify thinking, encourages students to stand up for their rights, and fosters cooperation in the school population. These skills in turn can help reduce stress.

Instruction in **refusal skills** teaches students how to say "no" to alcohol and other drugs while retaining friends and status within a peer group. Through practice, students can learn strategies that will allow them to feel good about themselves and to keep their friends and status while refusing alcohol and other drugs.

Children receive from the media tens of thousands of pro-use messages for tobacco, alcohol, and other drugs. **Consumer education** will teach students what advertisers are really trying to sell: empty promises, sex, emotions, escape, and status. Students aware of advertisers' deceptive practices can make healthier life choices.

The physiological phenomenon of stress is a major contributor to the use of alcohol and other drugs in the United States (and correlates positively to most major diseases). Children of all ages face forms of stress that, while different from what adults consider stressful, may be equally damaging. Hence, **stress-reduction skills** also play an important role in drug use prevention. First, students must be taught to identify their own stressors—the people, events, or situations that cause them stress—and to recognize the physiological effects these stressors cause. Knowing what causes them stress, students can then be taught skills to manage the effects of stress without the use of alcohol and/or other drugs.

Self-concept development is the process of getting to know oneself and of feeling confident and competent. While not a skill per se, this is a vital avenue to further strengthening students' abilities to make healthy choices.

Incorporated in the striving for self-knowledge should also be an increased awareness of how stu-

dents and staff can impact each other. "Put-downs" and negative messages can be hurtful coming from a teacher or a fellow student while a positive, well-earned remark on someone's effort can reinforce that person's sense of self-esteem and competence.

There is no comprehensive curriculum that fits the needs of every school division. School divisions will need to find the curriculum that best suits their needs and then adapt and complement it to provide their students with a complete prevention program. In examining and/or developing curricula to be implemented, divisions should consider whether the above positive social skills are included and integrated with factual information about tobacco, alcohol, and other drugs. The curriculum selected will also have to be modified to meet the needs of students with special needs since they must be guaranteed access to appropriate instruction in this area.

School divisions should also consider providing faculty and staff inservice education about the issues of alcohol, tobacco, and other drug use as related to their personal and professional leadership. Because faculty and staff are strong role models for students, they should examine their own use of alcohol and other drugs. Additionally, faculty and staff need to be encouraged to develop personal wellness programs, including avoiding alcohol, tobacco, and other drug use, in order to promote their own self-esteem and well-being, as well as to serve as examples to students.

Prevention Efforts Beyond The Classroom

Although this guide directly addresses the prevention of tobacco, alcohol and other drug use, the Virginia Department of Education recognizes that prevention efforts for all health-compromising behaviors overlap. **Positive alternatives, life skills development, parenting education,** and **community involvement** are components of all prevention efforts. Coordination of these efforts is critical.

Meaningful positive alternatives must be offered to students if they are to forego the use of alcohol and other drugs, substances that are too often seen as the norm today. Without such alternatives, youth may find the lure of escape offered by alcohol and other drugs too tempting. The offered alternatives must, however, respond to the diverse needs of youth. While clubs and athletic teams will meet some needs, service work and economic ventures may meet others. Positive alternatives offered to students must be creative, sensitive to the needs of students of diverse cultures, and involve the community as well.

School hours may fill a large part of the child's day, but the sum of a child is comprised of school, home, and community. Any prevention effort not incorporating the child's whole environment will fall short of the best possible effect. Parents and other primary caregivers, the first and most powerful influences in a child's life, need training to send the same "no-use" message to the child as the message the school is sending and to understand the power of the role modeling they, too, exhibit.

The community also sends messages to its youth through its actions. When students receive conflicting messages, they may reject the "no-use" message. The school can play a leading role in educating the community on the need for consistent messages.

Intervention and Aftercare

The intent of intervention programming is to eliminate any existing use of alcohol and other drugs and to identify and provide supportive services to kindergarten through 12th grade students at high risk for such use. The components of such programming shall include:

1. Providing alcohol and other drug use assessment and counseling services for students.
2. Developing a referral process between division schools and community providers.
3. Identifying and referring students to appropriate agencies when their use of alcohol and/or other drugs may require professional counseling and/or treatment.
4. Providing services to students in or returning from treatment to assure that the school environment supports the process of recovery initiated in the treatment program.
5. Providing individual, group, and family counseling targeted at students at high risk for alcohol and/or other drug use.
6. Educating parents on when and how to access the division's intervention services.
7. **Ensuring confidentiality.** (See Appendix C: Legal References)

The school division must provide intervention services for students who are using alcohol, tobacco, and other drugs and for all students K-12 at high risk for such use.

Students who already use alcohol and other drugs need intervention to prevent further use, abuse, and subsequent addiction. Some users can be effectively assisted at the school by counselors employing individual and group strategies. For some students, the level of use will indicate referral to treatment services. With treatment, a student may be redirected toward a hopeful future.

High risk youth are those who are at greater risk for use than the general population. For these students, intervention is a preventive strategy. Support groups, group counseling, and intensified education approaches are appropriate strategies to give stronger foundations to these youth. Due to the variety in the students' ages and abilities, strategies will need to be developed on the elementary level separately from the middle school and senior high school level, as well as strategies for special education and alternative education students.

The following list gives an overview of children at risk but cannot be considered all-inclusive. Transitional times of life are highly stressful. Puberty and the change from elementary to middle school or from middle to high school are predictable transitional periods for which schools and families can plan. While all children by definition are at risk at times, research indicates that chil-

dren K-12 exhibiting multiple factors from the list below are at significant risk for alcohol and other drug use. The school division should identify students with multiple risk factors and establish a means for these children to get the extra support they need.

Risk factors for alcohol and other drug use in youth

- Families of alcohol and other drug users
- Physical or emotional abuse or neglect
- Sexual abuse
- Separation, divorce, remarriage, or death of parents
- Self-care or latch-key children
- Relocation to a new school or classroom
- Giftedness
- Academic difficulties
- Having English as a second language
- Special needs children
- Poverty and homelessness
- Incarceration

Recent experience indicates that student overachievers, student athletes, and students under strong pressure to succeed may also be at risk for alcohol and other drug use as may children of the unemployed.

A student returning from treatment for alcohol and other drug use is leaving an environment supportive of a "no-use" policy, a place where he or she was learning to live free of chemicals, and is returning to the environment in which he or she learned to use them. The transition is difficult and dangerous. **Schools and parents can reduce the likelihood of relapse by assuring that the child is supported at this time.** For example, school staff need to be sensitive to the special needs of these students and to assist the students in their efforts to change their behaviors and outlooks in a confidential setting. School and home cooperation is also an integral part of effective aftercare service.

Division intervention faculty and staff should provide opportunities for such students to meet regularly and confidentially so that they can form a new, supportive peer group. Self-help groups, such as Alateen, Al-Anon, or Chem-Anon, may also assist in providing aftercare services.

Disciplinary Measures

Disciplinary measures for students found to have used or to be using, in possession of, selling, or distributing alcohol and/or other drugs and for students possessing drug paraphernalia are outlined in the division's policy on Student Rights and Responsibilities.

Students who are disciplined for any of these infractions will be required to seek the intervention services established by this policy or, in the case of division staff, will be referred to the Employee Assistance Program.

Disciplinary measures for students with disabilities must follow the special procedures outlined in state and federal regulations.

While the school division's efforts are primarily targeted at providing prevention and intervention services, students must also be informed of the potential legal consequences of their behavior. The division must establish procedures to see that a student or staff member found in violation of the alcohol and drug use policy receives the appropriate consequences of his or her actions within the limits of due process procedures. In cases where a violation is by a student with disabilities, the division must ensure that the federal and state regulations governing the disciplining of students with disabilities are followed.

Equally important is that the student or staff member receives appropriate counseling and support to restore his or her behavior to healthy choices concerning alcohol and other drugs. Either to counsel or to discipline without the other is to inhibit individuals from understanding that their actions bring both personal and legal consequences. Combining the two steps also results in greater success.

Any disciplinary code addressing alcohol and other drug use must also describe the relationship between the division's disciplinary efforts and those of the law enforcement community. School divisions are typically not aware of all the legal actions available to them and of the appropriate ways to exercise these actions. School divisions should establish a collaborative working relationship with the law enforcement officials in their area so that school officials will know when and how to involve the law enforcement community and so that law enforcement officials will know of the school services available to assist youth with alcohol and other drug use-related problems. See Appendix C of this Guide for additional information on federal and state laws concerning alcohol and other drugs.

Employee Assistance Program (EAP)

The School Board recognizes that the problems of alcohol and other drug use are not limited to the student population but affect every segment of society. As such, the School Board will establish an Employee Assistance Program that will provide appropriate and confidential prevention, intervention, assessment, referral, support, and follow-up services for division staff who seek assistance with alcohol and other drug use related problems, emotional problems, mental illness, and other human problems. Division staff will be informed about the services they can receive through the Employee Assistance Program and encouraged to seek such help voluntarily.

The division recognizes that it has no right to intervene in employees' personal lives unless employees' personal problems adversely affect their job performance. When unsatisfactory performance does occur, the division's supervisory personnel will encourage employees to manage and move toward a resolution of their problems on their own or with the help of the Employee Assistance Program.

School division staff who are using alcohol and other drugs also need support in a confidential setting. While the focus of this guide is on alcohol and other drug use-related problems, an Employee Assistance Program (EAP) is a cost-effective, confidential, early intervention program designed to help employees with many types of problems that can impair their abilities to function on the job.

An EAP brings objectivity to the problem of how to handle employees whose job performances are affected by alcohol and other drug use or personal problems. An EAP may also help staff who want to stop smoking as well as staff who are at risk of developing problems. It gives management and labor criteria for intervening with impaired workers while it expresses their concern for all workers by spelling out constructive steps for dealing with common human problems. An EAP further gives school supervisory personnel confidence that they will be supported when they take appropriate actions and gives all staff confidence that they may seek help and receive assistance in a supportive atmosphere.

An EAP also shows students that staff, too, can have personal or alcohol and other drug use-related problems. It can be another example of good role modeling, of demonstrating to students what to do when one has problems.

Staff Development

The School Board recognizes that if the administrative, instructional, and noninstructional staff are to be responsible for understanding, implementing, and modeling this policy, they

must be trained about the components of an effective alcohol and other drug use prevention program. Staff training will be an ongoing process including the following:

1. For all staff: (a) an understanding of why individuals use alcohol and other drugs; (b) the staff's role in implementing this policy, including how to identify students who exhibit high-risk behaviors or who are using alcohol and other drugs and how to refer these students to the appropriate services established by this policy; (c) awareness of personal risk factors for alcohol and other drug use so that staff members may identify personal use problems and seek assistance; and (d) awareness of the special needs of students returning from treatment for alcohol and other drug use.

2. Additionally for teachers: the knowledge and skills necessary to implement the division's K-12 alcohol and other drug use prevention curriculum.

3. For intervention staff: appropriate staff training for those identified to carry out the intervention function to assure that their assessment, individual, group, and family counseling and referral skills support the needs of high-risk, drug-using youth.

4. For prevention staff: appropriate staff training to assure that they have the necessary knowledge and skills to support the application of prevention concepts through programming targeted at the school, home, and community.

The premise of a comprehensive policy concerning alcohol and other drugs is that alcohol and other drug use concerns everyone and that a united community stand against such use is a crucial step in preventing it. Getting division staff members to support alcohol and other drug use prevention programs is an initial step in this larger community-wide process.

All staff—instructional, noninstructional, and administrative—and the School Board must be trained in the elements of a comprehensive prevention program. Some thought and skill will be necessary in presenting this material so that staff will feel invested in establishing a healthy school environment. All staff and School Board members should also be impressed with the importance of examining their own alcohol and other drug use behaviors and risk factors.

The teachers who will actually be delivering these prevention elements in their classrooms will require a higher level of expertise in alcohol and other drug use prevention education. They will also need instruction in the theory and methods of affective education, skills that will enhance their effectiveness as teachers, and in the special needs of students returning from treatment. Furthermore, the division must support the staff responsible for its intervention program by providing them with the resources to maintain and improve their skills.

After this policy has been instituted, the local division must make provisions to ensure that newly hired staff receive copies of the policy and training in these areas and that all staff receive ongoing inservice training as necessary.

Chapter 4

How to Develop a Comprehensive Policy Concerning Alcohol and Other Drug Use in Your School Division

The process used in developing a comprehensive policy on alcohol, tobacco, and other drug use is probably as important as the policy itself. Properly handled, the process offers schools and communities a singular opportunity to reduce alcohol and other drug use.

A comprehensive policy is the responsibility of the entire school division and the entire community as well. In some divisions, the community may already be working hand in hand with its schools on the issue. In other divisions, the schools may feel that they are expected to solve such a serious societal problem without the support and involvement of the community of which schools are a part.

In either case, a collaborative approach to policy development not only improves school/community relations but is necessary to ensure that the final policy will be effective. It is essential that the school division convene an advisory committee composed of parents, key community members, division staff, and students charged with drafting the new policy for School Board approval.

Collaborative policy development will increase public understanding, acceptance, and support of the policy. It is an effective method of making everyone in the community aware of alcohol and other drug use related problems and of engaging their cooperation at the same time. It allows everyone to see that they, too, must be part of the solution to drug use, that they must take care to send a consistent message regarding the use of both alcohol and all other drugs.

Collaborative policy development also results in a better policy because all segments of the community will have contributed their perceptions and expertise to the policy. Involving businesses, labor, and community organizations and agencies has the further advantage of encouraging them to provide the school division with additional resources. Since an effective community-wide response to alcohol and other drug use cannot take place without open communication and collaboration among home, school, and community, parents and community members must be included in the process of policy development.

Forming The Advisory Committee

Because the federal Drug Free Schools and Communities Act requires that schools form a local or regional advisory council on drug use, education, and prevention, this council may be an appropriate starting point for convening a policy advisory committee. In any case, the division should consider asking the following individuals to become equal partners in the committee's membership:

- Students
- Parents or legal guardians
- School board members
- Teachers and administrators
- The division health education coordinator, social workers, and other staff involved in alcohol and other drug use prevention programs or counseling
- Special Education Advisory Committee representatives
- Support staff, particularly those with frequent student contact
- Local law enforcement and probation officials
- Local drug and alcohol agency representatives
- Local court system personnel or a practicing attorney
- Legislators and public officials
- Medical professionals
- Clergy or members of a local interfaith council
- Librarians
- Media representatives
- Business, labor, and industry personnel
- Members of other community-based organizations.

To function efficiently, the policy advisory committee will need to be provided with a timeline specifying when it should begin meeting and when it should make its preliminary and final reports to the School Board. A committee chairperson should be appointed. This person should be some-

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one who has the time and interest to assume responsibility for the project and who is adept at coordinating the efforts of a large committee. The appointment of co-chairpeople, one of whom is a staff member and one a parent, is often helpful. The committee will also require access to the local Commonwealth's Attorney or the school division's attorney.

The committee should be provided with copies of all official division documents related to tobacco, alcohol, and other drug use, such as existing School Board policies and administrative regulations, contracts for teachers and other staff, and student and faculty handbooks. A mechanism should be developed whereby committee members can be instructed in the nature of formal board policy, the nature and extent of alcohol and other drug use in both the schools and the community, and the division's and the community's existing prevention, intervention, and treatment efforts.

In order for the advisory committee to have a common knowledge base regarding alcohol and other drugs, they must receive training in the biological, psychological, and social reasons why people use these substances. Such information will also help the committee develop community parameters regarding alcohol and other drugs. Additionally, committee members should receive training regarding risk factors and populations and the impact of denial on those who are alcohol or other drug dependent. Training in these areas will help the advisory committee to develop the policy and the resultant programs and services that will emerge from the policy.

A way for the advisory committee to solicit and receive input from the community at large before making its final recommendations to the board is important as well.

The Charge To The Advisory Committee

Among the points that the advisory committee should be asked to consider are the following:

1. What is the nature and extent of alcohol and other drug use in the schools and the community?

2. Are there points of contradiction among existing policies, teacher contracts, and handbooks?

3. What are the points of similarity and dissimilarity between the model policy in this guide and the division's existing policies? What elements necessary to a comprehensive policy does the division lack? To what extent will the model policy need to be revised to fit the realities of the division?

4. Does the new policy include a clear statement that it pertains to all students, including those with special needs?

5. Does the new policy prohibit the use of alcohol and other drugs by anyone on school grounds at any time?

6. Will the new policy support a continuum of prevention, intervention, and treatment services within the school and the community for students and staff with alcohol and other drug use related problems?

7. How will the new comprehensive policy be monitored for consistent application?

8. What are the division's financial resources? But also, how can the division's capacity for dealing with alcohol and other drug use be increased through grant monies and local or state resources and agencies?

9. Is the proposed policy legally sound? Does it provide due process for students and staff, and does it clearly state the extent of confidentiality between students, counselors, and other staff members?

10. Is the proposed policy clearly written in language that can be understood by the entire community? Will the policy need to be translated into Spanish or other languages so that it can be communicated with portions of the community?

Chapter 5

Suggestions on Implementing Your New Comprehensive Policy Concerning Alcohol and Other Drugs

Once the School Board has formally adopted a comprehensive policy on alcohol and other drugs, a number of steps must be taken to implement it.

Prevention Curriculum

A curriculum advisory committee should be convened to determine how well the division's existing K-12 curricula and other alcohol and other drug use prevention services fulfill the objectives listed under the Primary Prevention section of the new policy. The committee may wish to recommend for adoption or adaptation some of the existing prevention programs available from the Virginia Department of Education, from state and local alcohol and other drug use-related agencies, or from various profit and nonprofit corporations.

The division must ensure that any curriculum materials it selects or services it provides be modified to meet the needs of students with special needs.

Parent And Community Education

Community education about the policy is essential to the policy's success. The School Board and staff members can hold public meetings to explain the policy, but these meetings may not be sufficient.

Community residents and parents in particular need to have accurate information about alcohol and other drug use, parenting skills, and the necessity of their being positive role models. A further outcome of this process can be an increasing acceptance of healthy lifestyles as the community norm.

The division will need to examine its capacity to deliver this community education and should involve relevant human service and drug use prevention agencies in the process. Developing a community-wide attitude that alcohol and other drug use-related problems are everybody's con-

cern will be challenging. Division and agency staff will need to utilize a variety of strategies to achieve this attitude. Examples of such strategies include:

- Plan a community wide Alcohol and Other Drug Use Awareness Day complete with roles for all schools, agencies, employers, service clubs, etc.
- Utilize local radio and TV talk shows and news shows to promote alcohol and other drug use prevention.
- Videotape a presentation about prevention and air it at publicized times on public access TV.
- Take your presentation to the parents (e.g., to the workplace, to churches).
- Get a local newspaper to do a series of feature articles or a weekly column on alcohol and other drug use.
- Solicit ideas from community libraries and PTAs.
- Create a traveling display of materials on alcohol and other drug use for bank lobbies, town halls, libraries, etc.
- Devote an entire issue of the division and/or school newsletter to stories on alcohol and other drug use prevention at all grade levels.

Intervention

The ideal method for implementing the intervention provisions of this policy is for the division to have a prevention/intervention specialist on staff. Although not all divisions may feel they can afford to have such an employee, having an intervention specialist on staff has significant advantages.

1. The division should acquire someone who is adept at assessment, referral, and individual and group counseling to assist youth who exhibit or are at high risk for alcohol and other drug use.

2. The same person can serve as a crisis intervention resource for various student problems, such as preventing suicide, pregnancy, and running away from home.

3. Having an intervention specialist on staff provides the division with a person unencumbered by such tasks as teaching, special education evaluations, testing, or college and career counseling; the specialist is someone whose sole responsibility is prevention/intervention.

4. Having an intervention specialist provides an opportunity for students with alcohol and other drug use problems to receive support in school as opposed to an outside agency referral.

5. Having an intervention specialist results in increased student self-referral for a wide variety

of problems because the specialist establishes a relationship and sense of trust with students on an ongoing basis.

If the division does not have the resources to hire its own prevention specialist, it could acquire the services of such a person through a shared services contract with the Communities Services Board or other creative means.

Identifying groups of students who show no signs of alcohol and other drug use but who may be at high risk for such use is also an important part of intervention programming. The division should examine the list on page 14 and ask itself: Do we have a process for identifying students who are members of these high risk groups at all levels, and what specific services has the division provided to answer the needs for these children? This is another area where cooperation with community agencies can both improve and increase the services the division can offer students.

Employee Assistance Program

If not already in place, the local division should design an Employee Assistance Program. If the division cannot administer or fund the EAP by itself, it could join with other divisions to provide it as a shared service or contract with an existing community based agency that is providing EAPs to other employee groups.

Staff Training

Staff training can be provided by division staff or by working with any of the following:

- Alcohol and other drug use prevention and treatment providers
- Community human service agencies
- Outside consultants
- Commercial curriculum consultants

Alcohol and other drug use is interconnected with many issues, including HIV/AIDS, teenage pregnancy, child abuse, suicide, eating disorders, and dropping out of school. In planning staff development programming, divisions should examine how the relationships among these issues are reflected in the training. It is important for staff to be aware of these relationships so that they may coordinate the planning and implementation of division efforts in these areas.

Chapter 6

Resources

National, state, and local resources should be available to all community and school members.

Virginia Department of Alcoholic Beverage Control 804-367-0605
ABC Violations 800-552-3200

Virginia Department of Education
Youth Risk Prevention Project 804-225-2838
HIV/AIDS Education 804-225-3210
Drop Out Prevention 804-225-2827
Audiovisual Materials 804-225-2400
Pupil Personnel Services 804-225-2871

Virginia Department of Health
Office of Health Education and Information 804-786-3551
AIDS Hotline 800-533-4148

Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services
Office of Prevention, Promotion, and Library Services 804-786-1530
Audiovisual Materials 804-786-3909

Virginia Department of Motor Vehicles
Audiovisual Materials 804-367-0034
Safety Seat/Belt Hotline 800-533-1892

Virginia Department of Social Services 804-662-9204
Child Abuse Hotline 800-552-7096
Child Support Enforcement 800-468-8894
SCAN (Stop Child Abuse Now) 804-359-0014
Audiovisual Materials 804-662-9204

National Alcohol and Other Drug 24-hour HELP line 800-821-4357

Governor's Alliance for a Drug-Free Virginia/CADRE Information Line 800-451-5544

Cocaine Hotline 800-COCAINE

National Alcohol Hotline 800-ALCOHOL

National Clearinghouse for Alcohol and Other Drug Information (NCADI)	301-468-2600
National Council on Alcoholism	800-622-2255
National Institute of Drug Abuse (NIDA)	800-662-HELP
National Suicide Hotline	213-437-8712
PRIDE Information Line	800-241-7946
Southeast Regional Center for Drug Free Schools and Communities Drug Information Line	800-338-9726

National Resources

The following list is provided as a service to users of this guide. These agencies and organizations are neither recommended nor endorsed by the Virginia Department of Education.

Al-Anon Family Group Headquarters
P. O. Box 862
Midtown Station
New York, NY 10018-0862
(212) 302-7240

Alcoholics Anonymous
Box 459
Grand Central Station
New York, NY 10163
(212) 473-6200

American Council for Drug Education
Suite 110
204 Monroe Street
Rockville, MD 20850
(301) 294-0600

American Council on Drug Education
5820 Hubbard Drive
Rockville, MD 20852
(301) 984-5700

American School Health Association
P. O. Box 708
Kent, OH 44230
(216) 678-1601

AMERSA (Association of Medical Educators in Substance Abuse)
c/o Brown University
Box G
Providence, RI 02912
(401) 863-1109

Council of School Attorneys
National School Boards Association
1680 Duke Street
Alexandria, VA 22314
(703) 838-NSBA

Mothers Against Drunk Driving (MADD)
669 Airport Freeway, Suite 310
Hurst, TX 76053
(817) 268-6233

National Association for Children of Alcoholics
31582 Coast Highway, Suite 310
South Laguna, CA 92677
(714) 499-3889

National Association of Leadership for Student Assistance Programs
P. O. Box 2800
1629 K Street, NW, Suite 606
Washington, DC 296-1110

National Association of Secondary School Principals
1904 Association Drive
Reston, VA 22091
(703) 860-0200

National Clearinghouse for Alcohol and Drug Abuse Information (NCADI)
P. O. Box 2345
Rockville, MD 20852
1-800-729-6686

National Federation of Parents for Drug-Free Youth
8730 Georgia Avenue
Suite 200
Silver Spring, MD 20910
(202) 585-KIDS
Hotline: 1-800-554-KIDS

National Health Information Clearinghouse
P. O. Box 1133
Washington, DC 20013
1-800-336-4797

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
5600 Fishers Lane, Parklawn Bldg., Room 16-05
Rockville, MD 20857
(301) 443-3885

National Institute on Drug Abuse (NIDA)
U. S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6245

National Organization of Student Assistance Programs and Partners
4760 Walnut, Suite 106
Boulder, CO 80301
1-800-972-4636

National Organization on Legal Problems of Education
3601 Southwest 29th, Suite 223
Topeka, KS 66614
(913) 273-3550

National Parent-Teacher Association
700 North Rush Street
Chicago, IL 60611-2571
(312) 787-0977

Office on Smoking and Health Technical Information Center
5600 Fishers Lane, Parklawn Bldg., Room 116
Rockville, MD 20857
(301) 443-1690

Center for Substance Abuse Prevention (CSAP)
5600 Fishers Lane
Rockwall 2 Building
Rockville, MD 20857
(301) 443-0365

Parents Resource Institute for Drug Education, Inc. (PRIDE)

Woodruff Building., Suite 1002
100 Edgewood Avenue
Atlanta, GA 30303
1 800 241 9746

Prevention Research Center

2532 Durant Avenue
Berkley, CA 94704
(415) 486 1111

Southeast Regional Center for Drug-Free Schools and Communities

Dr. Nancy J. Cunningnam, Director
Spencerian Office Plaza
University of Louisville
Louisville, KY 40292
1 800 6210 SERC (7372)

Students to Offset Peer Pressue (S.T.O.P.P.)

10 Lindsey Street
Hudson, NH 30051
(603) 889 8163

Toughlove

P. O. Box 1069
Doylestown, PA 18901
(215) 348 7090

United States Department of Education

Drug Free Schools and Communities
400 Maryland Avenue, S.W.
Washington, DC 20202 4101
(202) 732 4599

State Resources

American Cancer Society
Virginia Division State Headquarters
P. O. Box 1547
Glen Allen, VA 23060
(804) 270-0142

American Heart Association
Virginia Affiliate
Central Region Office
3206 Cutshaw Avenue
Richmond, VA 23230
(804) 353-9583

American Lung Association of Virginia
311 South Boulevard
Richmond, VA 23220
(804) 355-3295

Center for Perinatal Addiction
217 W. Grace Street
Richmond, VA 23220
(804) 786-BABE

Commonwealth Alliance for Drug Rehabilitation and Education (CADRE)
101 N. 8th Street
Richmond, VA 23219
(804) 786-4660

Office of the Governor
Drug Policy Office
Commonwealth of Virginia
Richmond, VA 23219
(804) 786-2211

Virginia Congress of Parents and Teachers (PTA)
3810 Augusta Avenue
Richmond, VA 23230
(804) 355-2816

Virginia Federation of Communities for Drug-Free Youth
7760 Shrader Road
Richmond, VA 23228
(804) 346-0277

Appendix A
Glossary of Terms

Aftercare
Aftercare is support and services to individuals returning from a residential treatment center.

Alcohol
Alcohol is an addictive depressant drug that affects the central nervous system. The chemical compound ethyl alcohol has the same sedative effect as tranquilizers and sleeping pills and is toxic.

Comprehensive Prevention
A comprehensive prevention program includes the following seven elements:

1. Accurate information about alcohol and other drugs.

2. Affective education and the development of positive social skills.

3. Recognition of the role stress plays and development of techniques to manage and reduce it.

4. Provision of alternatives to using alcohol and other drugs.

5. Early identification and intervention services aimed at high-risk youth and at youth who may already be using alcohol and other drugs.

6. Training the adults and systems around children so that they can support and reinforce the prevention program.

7. A collective effort by the entire community to influence social policy away from attitudes and strategies that perpetuate the use of alcohol and other drugs and toward attitudes and strategies that result in healthy lifestyles.

Designer Drug
A designer drug is an analog to a known illegal drug. Since illegal drugs are defined in terms of their chemical formulas, underground chemists may modify the molecular structure of an illegal drug to produce a chemically similar, legal substance known as a designer drug. These drugs can be several hundred times stronger than the drugs they are designed to imitate; therefore, they have very serious consequences, including brain damage from as little as one dose.

Drug Paraphernalia
Drug paraphernalia includes but is not limited to the following objects: 1) hypodermic syringes, needles, or similar objects used or designed to inject substances into the human body and 2) pipes or other objects used or designed to ingest, inhale, or otherwise introduce into the human body

marijuana, cocaine, hashish, hashish oil, or other substances. (School divisions should consult their local legal authorities to determine if this definition is consistent with local laws.)

Look-Alike Drugs

Look-alike drugs are drugs manufactured to appear identical to prescription drugs in size, shape, color, and lettering but which actually contain another compound. An example of this type of drug is the sale through the mail of pills that appear to be prescription amphetamines but are actually caffeine.

"No-Use" Message

This is the message all comprehensive alcohol and other drug use prevention curricula and programs should give; that is, do not use alcohol and other drugs at all.

School Grounds

School grounds include all property owned by the school division, such as school buildings and grounds as well as school buses. Hence, any event occurring on a school bus will be considered to have occurred on school grounds.

Self-Help Group

A self-help group is a group of individuals with direct personal experience of a common problem who come together to share their experiences and to lend the group's strength and support to one another.

Student Assistance Program (SAP)

A SAP is an array of services that provide for the early identification of student problems, referral to prevention and intervention programs, and screening for assessment, referral, and treatment by a licensed program or provider when necessary. Follow-up and tracking are essential components of the program for those receiving evaluation and treatment services. The goal of SAPs is to address barriers to learning by preventing them from developing and/or by intervening to interrupt them.

Substances

Substances are any chemicals that, when introduced into the human body, produce a biological, psychological, or sociological change.

Tobacco

Tobacco includes cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, and any other product made from the tobacco plant.

Treatment

Treatment is the implementation of a professionally designed and supervised plan of services to an individual designed to achieve his or her discharge from in-patient or out-patient care at the earliest possible time consistent with clinical goals.

Appendix B
Annotated Bibliography of Suggested Reading

American Council for Drug Education. *Building Drug-Free Schools: An Educator's Guide to Policy, Curriculum, & Community Consensus.* Rockville, MD, 1986.
An excellent resource for educators. Contains sections on policy elements, procedures, a rationale for the school's involvement, public policy and who ought to be involved in it, and model learning activities. Also contains a review of five school drug education programs.

American Medical Association. *America's Adolescents: How Healthy Are They?* Chicago, IL, 1990.
A report on the status of adolescent health showing that adolescents lead "high risk" lifestyles, that health problems affect adolescents at younger ages, that the biggest health threats are "social morbidities" (drug use, etc.) resulting from social environment and/or behavior. Outlines strategies for improving health.

American School Health Association (ASHA), Association for the Advancement of Health Education (AAHE), and Society for Public Health Education, Inc., (SOPHE). *National Adolescent Student Health Survey.* Kent, OH, 1989.
A national survey of 8th- and 10th-grade students that assessed knowledge, attitudes, and behavior in eight critical health areas.

American School Health Association (ASHA) and University of Texas Health Science Center at Houston. *School Health in America: An Assessment of State Policies to Protect and Improve the Health of Students, 5th ed.* Kent, OH, 1989.
A summary of state policies for school health promotion.

Anderson, Gary L. *When Chemicals Come to School.* The Johnson Institute, Minneapolis, MN, 1987.
A comprehensive manual on alcohol and other drug use prevention programs. Describes the need for such programs, their components, and the details of the implementation process. Complementing the 25 descriptive chapters are a host of checklists, resource guides, supplements, bibliographies, forms, surveys, tables, and references.

Bernard, Bonnie. "Characteristics of Effective Prevention Programs," *Prevention Forum*, 6(4), June 1988.
An excellent description of the components of a comprehensive prevention strategy.

_____. "Knowing What To Do—And Not To Do—Reinvigorates Drug Education," *Curriculum Update*, February 1987.
A good overview of what schools can do in alcohol and other drug use prevention. Includes a list of resources.

_____. "Peer Programs: The Lodestone to Prevention," *Prevention Forum*, January 1988.
Emphasizes the strength of peer programs as an effective alcohol and other drug use prevention strategy.

Dryfoos, Joy G. *Adolescents at Risk: Prevalence and Prevention*. Oxford University Press, New York, NY, 1990.
Summary of prevalence; overview of programs to prevent adolescent youth risk behaviors, including alcohol and other drug use.

Eller, C. "Role Models Reach Youth: United States Athletes Association." *Journal of Alcoholism and Addiction*, July 1988.
Examines the use of role models through a successful program with school coaches.

League, V.C. *A Policy Development Manual for Drug Free Schools*. Vincente and Associates, Oakland, CA (415-446-7736), 1988.
Useful on definition of terms, legal issues, and planning strategies. Contains a checklist for schools to use in the policy planning process.

Maine Department of Educational and Cultural Services. *Guidelines for Setting Up Support Groups in the Schools*. Augusta, MA, 1988.
Excellent manual on implementing student support groups as an integral component of an alcohol and other drug use prevention program at the elementary and high school levels. Includes information on referrals, scheduling, confidentiality, group rules, supervision, and evaluation. Contains samples of letters to parents, referral forms, and release forms.

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Appendix C
Legal References

A comprehensive policy concerning alcohol and other drugs should reflect the legal procedures available to school divisions for inhibiting alcohol and other drug use. Divisions must also understand and recognize the legal rights of students and the limitations to efforts schools may legally make to control student or staff use of alcohol and other drugs.

Federal Laws

Confidentiality of Education Records

The Federal law that addresses the confidentiality of student records is the Family Educational Rights and Privacy Act (FERPA),[1] which applies to any school that receives Federal funding and which limits the disclosure of certain information about students that is contained in education records.[2] Under FERPA, disclosure of information in education records to individuals or entities other than parents, students, and school officials is only permissible in specified situations.[3] In many cases, unless the parents or an eligible student[4] provide written consent, FERPA will limit a school's ability to turn over education records or to disclose information from them to the police. Such disclosure is permitted, however, if (1) it is required by a court order or subpoena or (2) it is warranted by a health or safety emergency. In the first of these two cases, reasonable efforts must be made to notify the student's parents before the disclosure is made. FERPA also permits disclosure if a State law enacted before November 19, 1974, specifically requires disclosure to State and local officials.

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[1] See generally U.S.C. § 1232 and 34 C.F.R. Part 99. See also the Individuals with Disabilities Education Act, 20 U.S.C. Sections 1400-1485, which contains additional provisions to assure the accessibility of the records of students with disabilities to parents and legal guardians.

[2] The term "education records" is defined as records that are directly related to a student and maintained by a separate law enforcement unit of an education agency.

[3] FERPA permits a school to disclose information from education records to its own officials (including teachers) who have a legitimate educational interest in the information. A school may determine in its FERPA policy that one such interest is the need to decide on the appropriateness of discipline.

[4] An eligible student is a student who is 18 or older or attending an institution of postsecondary education.

Schools should be aware, however, that because FERPA only governs information in education records, it does not limit disclosure of other information. Thus, school employees are free to disclose any information of which they became aware through personal observation. For example, a teacher who witnesses a drug transaction may, when the police arrive, report what he witnessed. Similarly, evidence seized from a student during a search is not an education record and may be turned over to the police without constraint.

State laws and school policies may impose additional and sometimes more restrictive requirements regarding the disclosure of information about students. Since this area of the law is complicated, it is especially important that an attorney be involved in formulating school policy under FERPA and applicable State laws.

The Hatch Amendment, passed in 1972, requires parental consent before a student may participate in a program that involves psychiatric or psychological examination, testing, and/or treatment that might disclose personal beliefs, behavior, or family relationships. This law encompasses programs and services that are not directly related to the instructional program of the school.

The U. S. Department of Health and Human Services regulation 42 C.F.R. Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records," prohibits the disclosure of information or records concerning any patient in a federally assisted alcohol or drug abuse program. It applies to any organization receiving federal funds in any form even if the funds do not directly pay for the alcohol and drug abuse services. Exceptions to this prohibition may be made only under the following conditions:

- With the written consent of the individual receiving services.
- In a medical emergency, which is defined as a situation posing an immediate threat to health requiring medical intervention.
- In a case of child abuse and neglect.
- In a situation that presents a "serious danger of violence to another."
- With a court order.

Within the law, however, each of these exceptions has its own set of conditions and limitations that must be followed.

Alcohol and Other Drug Use as a Handicapping Condition

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of handicap by any recipient of federal funds. A complaint investigated by the Region X United States Education Department Office of Civil Rights against the Lake Washington School District in Seattle, Washington,

resulted in a ruling against that district that has the potential to affect districts nationwide. The Region X case found that drug addiction and alcoholism are to be considered physical and mental impairments within the scope of Section 504. As was the case in the Lake Washington district, a blanket policy of not evaluating chemically addicted students for the purposes of designing individual educational programs may fail to meet Section 504 standards.

School divisions are encouraged to exercise extra care in the policy writing and implementation process as there may be situations where addiction or alcoholism may fall within the provisions of Section 504. It may be especially important in determining whether or not to exclude individuals from certain policies and procedures.

Virginia Laws Concerning Alcohol and Other Drugs

Code of Virginia Section 22.1-206: Instruction Concerning Drugs and Drug Abuse

The *Code of Virginia* Section 22.1-206 requires that all public schools provide instruction concerning drugs and drug abuse for all students, elementary through senior high school. Accordingly, the State Board of Education prescribes to the local divisions how drug and drug abuse education will be provided in VR 270-01-0030 as follows:

State Board of Education Policy VR 270-01-0030 Regulations Governing Instruction Concerning Drugs and Drug Abuse

§ 1.1 Elementary and secondary schools shall include in the health education program instruction in drugs and drug abuse.

§ 1.2 The public schools of the Commonwealth shall

A. Be concerned with education and prevention in all areas of substance use and abuse.

B. Establish and maintain a realistic, meaningful substance abuse prevention and education program that shall be developed and incorporated in the total educational program.

C. Establish and maintain an ongoing inservice substance abuse prevention program for all school personnel.

D. Cooperate with government and approved private agencies involved with health of students relating to the abuse of substances.

E. Encourage and support pupil run organizations and activities that will develop a positive peer influence in the area of substance abuse.

F. Create a climate whereby students may seek and receive counseling about substance abuse and related problems without fear of reprisal.

Code of Virginia Section 8.01-47: Immunity from Civil Liability of School Personnel Investigating or Reporting Alcohol or Drug Use

School personnel in Virginia's public schools, including its state colleges and universities, are encouraged to report suspected illegal drug and alcohol use on public school properties. This *Code* section ensures that school personnel are not civilly liable who, in good faith with reasonable cause and without malice, report such suspected illegal activities.

Annotated Listing of Virginia Criminal Drug Laws/ Schedules and Penalties

The *Code of Virginia* includes several laws that set forth schedules and penalties that may apply in cases involving drugs. The section that follows is a listing of some of the relevant Code sections with brief highlights and annotated descriptions of each section. **It is important to note that laws are frequently changing; therefore, it is essential that specific and current sections of the *Code of Virginia* be consulted when handling actual cases in order to refer to the complete language in the legislation.** Moreover, a school board must ensure that its actions are in accordance with sound legal practice and, in so doing, should have its individual school board attorney review its policies and practices.

Individual school boards are responsible for setting Division policy regulating penalties for violating school alcohol and other drug use. Violations may result in suspension or expulsion and may involve law enforcement officials as well because violations of school board alcohol and other drug use policy, in some cases, may be violations of state criminal laws such as the following:

Code of Virginia Section 18.2-10: Punishment for Conviction of a Felony

This *Code* section describes the six felony classes and the penalties therein. A felony is any crime punishable by at least one year of imprisonment, even if the time to be served is suspended to less than one year in jail or prison. A felony conviction will result in the deprivation of certain civil rights, such as the right to vote and the right to purchase most firearms. (Fines were increased in 1990 and 1991).

Code of Virginia Section 18.2-11: Punishment for Conviction of a Misdemeanor

This *Code* section describes the punishments available for the four classes of misdemeanors, including fines and possible jail time (not prison time) up to one year. Misdemeanors are less serious offenses than felonies, and in the past, were referred to as petty offenses. (Fines were increased in 1990).

Code of Virginia Section 54.1-3444 through 3456: Schedules of Drugs

These *Code* sections include Virginia's controlled substances, or drug schedules, which parallel the federal drug schedules. These controlled substances include prescription drugs and drugs that cannot by law be prescribed or commercially distributed. The controlled substances schedules do not include tobacco, alcohol, or marijuana.

The controlled substances schedules are organized as follows:

1. Schedule I controlled substances: these are drugs with a high potential for abuse and are not prescribed because they have no known therapeutic purpose. Schedule I drugs include opiates, opium derivatives such as heroin, hallucinogens, such as LSD and hashish oil, and some highly potent stimulants and depressants.

2. Schedule II controlled substances: these are drugs with a high potential for abuse but can be prescribed for treatment within severe restrictions. Cocaine, morphine, raw opium, codeine, methamphetamine, and phencyclidine are in this category of drugs.

3. Schedule III controlled substances: these drugs have some potential for abuse but currently are accepted in medical treatment. This category includes less potent depressants, stimulants and narcotics, such as lower dosage units of codeine and morphine. NOTE: Anabolic steroids were added to this schedule in 1992.

4. Schedule IV controlled substances: these drugs have current accepted medical use in treatment and a lower potential for abuse or dependence. These substances include barbital, diazepam, and methylphenobarbital.

5. Schedule V controlled substances: these drugs have demonstrated medical use in treatment, have low potential for abuse or dependence, and include very mild compounds and mixtures of drugs that incorporate low dosage units of some narcotic drugs.

6. Designer drugs: these are privately compounded drugs made with the specific intent to simulate certain Schedule I or II drugs. The manufacture and distribution of designer drugs is a crime in Virginia, and the offenses and penalties are described in several Virginia criminal laws.

Code of Virginia Section 4-78.1: Drinking or Possession of Alcoholic Beverages on Public School Grounds

This *Code* section clearly prohibits the possession or imbibing of any alcoholic beverages by any person on public elementary or secondary school properties, and imposes a misdemeanor fine of up to $1,000 and jail confinement of up to six months. This Code section limits its application to "...school hours or school or student activities..."

NOTE: Although the law specifically prohibits use or possession of alcohol by any person on school grounds only during school hours, it is highly recommended that School Boards adopt a policy to prohibit alcohol and other drug use and possession on school grounds **by anyone at any time,** including by groups or organizations using the school building after school hours. Such a policy

is necessary in order to send a clear, consistent, "no use" message to students.

Code of Virginia Section 18.2-248: Drug Manufacturing, Distribution, and Possession with Intent to Distribute/Drug "Kingpin" Statute

This criminal *Code* section prohibits illegal drug manufacturing, distribution, and possession with intent to distribute controlled substances or imitation controlled substances. This section is not used to prosecute illegal tobacco or alcohol distribution to minors. The range of penalties in this statute varies according to the schedule of the drug (illegal distribution of a Schedule I drug is penalized more severely than illegal distribution of a lower schedule or imitation controlled substance). In 1992, the General Assembly added the term, "drug kingpin," to this statute, and imposed a fine of up to one million dollars and imprisonment of twenty years to life. A "drug kingpin" is described as a principal administrator of a continuing criminal enterprise that makes a substantial part of its profits from the illegal trafficking of drugs.

Code of Virginia Section 18.2-250.1: Possession of Marijuana

This statute makes it illegal to possess marijuana without a prescription and imposes a misdemeanor penalty of up to 30 days in jail and a fine of not more than $500.

Code of Virginia Section 18.2-250: Possession of Controlled Substances

It is unlawful to possess a controlled substance (one of the scheduled drugs) without a prescription. Exceptions are made for health practitioners in the course of medical practice and for law enforcement officers in the furtherance of their duties. Felony and misdemeanor penalties are assigned according to the type of drug illegally possessed with legal possession of a Schedule I or II drug being a Class 5 felony down to illegal possession of a Schedule VI drug being a Class 4 misdemeanor.

Code of Virginia Section 18.2-255: Distribution of Certain Drugs to Persons Under 18

It is a felony in Virginia for an adult (a person over the age of 18) to distribute Schedule I, II, III, or IV drugs, or marijuana to a person under the age of 18 who is at least three years his junior. The penalties (10 to 50 years in prison and a fine of not more than $100,000) are higher than under Section 18.2-248 because the intended recipient of the illegal drugs is a juvenile. The General Assembly has made it a policy to punish more severely those persons who target Virginia's young people for illegal drug distribution. This section also imposes a felony penalty for distribution of an imitation controlled substance to a minor. The "at least three years his junior" language was added to ensure that, for example, an 18-year-old who distributes to a 15-year-old receives the advanced penalties of this statute because he has taken advantage of a much younger juvenile. An 18-year-old who illegally distributes drugs to a 17-year-old would be prosecuted instead under the provisions of 18.2-248.

Code of Virginia Section 18.2-255.2: Prohibiting the Sale of Controlled Substances or Marijuana on School Property

Commonly known as the "drug free school zone" law, this statute has been amended in recent years to include public recreation or community center facilities. The law makes it illegal to manufacture, distribute, or possess with the intent to distribute any controlled substances, imitation controlled substances, or marijuana (not alcohol or tobacco) on or around school, public recreation, or community center properties. A separate and distinct felony is imposed by this statute, providing for a fine of not more than $100,000 and imprisonment of one to five years. The properties covered include public and private school properties, including school buses, colleges and universities, public recreation and community centers, and any property open to the public within 1,000 feet of the aforementioned properties. The Virginia Supreme Court has ruled that the drug free zone law is in effect at all times, even when school is not in session.

Code of Virginia Section 16.1-278.9: "Use and Lose" Law

This statute, commonly termed the "use and lose" law, was completely rewritten in 1991 and 1992, replacing the repealed Section 16.1-279. It provides that a minor at least 13-years-old who violates an alcohol possession, drug possession, public intoxication, or handgun possession law be prohibited from having a driver's license in Virginia. For the first offense, the juvenile is denied a license until the age of 17, and for a second or subsequent offense, the juvenile is denied a license until the age of 18. A child found in violation of this law who is under the age of 16 at the time of the offense is denied driving privileges until six months after his sixteenth birthday. The court may order juveniles adjudicated under this statute to participate in a certified alcohol safety action program or in appropriate rehabilitative or educational services.

Code of Virginia Section 18.2-265.4: Drug Paraphernalia

The Commonwealth can seize and dispose of drug paraphernalia which is defined as equipment, products, and materials of any kind which are either designed for use or are intended to be used in manufacturing, packaging, or using a controlled substance or marijuana.

Code of Virginia Section 18.2-322.1: Possession of Beepers or Other Communication Devices on School Property

It is illegal to possess beepers or similar communications devices on public or private elementary, middle, or secondary school properties. The law carries the penalties of a Class 1 misdemeanor, and either law enforcement or school officials may seize the beeper or communications device. School divisions may promulgate rules and regulations for disciplining students found in violation of this statute. An exception is allowed for school and law enforcement personnel, and for persons who possess beepers and communications devices as a part of their legal trade or business, or for a medical necessity. For example, a student with a serious health problem may be allowed to carry a special communication device to ensure immediate medical response in an emergency.

Code of Virginia Section 18.2-264: Inhaling Drugs or Other Noxious Chemical Substances

This *Code* section makes it unlawful for any person deliberately to smell or inhale any drugs or any other noxious chemical substances including but not limited to fingernail polish or model air plane glue, containing any ketones, aldehydes, organic acetates, ether, chlorinated hydrocarbons or vapors, with the intent of becoming intoxicated, inebriated, excited, stupefied or to dull the brain or nervous system. A person found to violate this section is guilty of a Class I misdemeanor. This statute also makes it unlawful for any person, other than one duly licensed, deliberately to cause, invite, or induce any person to smell or inhale drugs or other noxious substances such as the aforementioned.

Code of Virginia Sections 15.1-291.1-291.11: Virginia Indoor Clean Air Act

These eleven *Code* sections comprise the Virginia Indoor Clean Air Act, which was adopted by the Virginia General Assembly in 1990. These Code sections define the types of facilities that can or must provide no-smoking areas and address the adoption of mandatory and optional provisions of local ordinances and the posting of no-smoking signs. Section 15.1-291.2 specifically requires that state agencies must provide reasonable no-smoking areas and prohibits smoking in public elevators, public school buses, common areas in schools (including hallways and auditoriums) and other public places. Section 15.1-291.3 allows building proprietors and managers to designate reasonably-sized smoking areas that are separate from public areas and adequately ventilated. Section 15.1-291.9 requires that "no smoking," "smoking permitted," or "no-smoking sections available" signs must be conspicuously posted in any area where smoking is regulated by local ordinance. Local ordinances may provide for fines of up to $25.00 for violation of a no-smoking ordinance.

This appendix is intended only to provide a **general** legal background for school divisions in connection with alcohol and other drug use. The local Commonwealth's Attorney or school board attorney should be consulted in connection with the development of school policy and rules and in cases where action against a student or staff member appears to be required.